

FORM 2

i. Special needs:

Visually challenged Physically challenged Other (specify) _____

j. University Academic performance: Average Grade _____ (*attach KU result slips*)

k. Address: P.O. Box: _____

l. County: _____

m. Mobile Number: _____

n. Alternate Mobile No. _____

o. E-mail address: _____

PART B: PARENTS DETAILS

Indicate if you are from: Single Parent Both Parents

1. FATHER	2. MOTHER
a) Is your father alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>	a) Is your mother alive? Yes <input type="checkbox"/> No. <input type="checkbox"/>
b) If no , give date of death; _____ (<i>Attach Death Certificate</i>)	b).....If no , give date of death; _____ (<i>Attach Death Certificate</i>)
c) If yes in (a) above, please fill below	c) If yes in (a) above, please fill below
d) If yes give his age; _____	d) If yes give her age; _____
e) Name: _____ ID/No. _____	e) Name: _____ ID/No. _____
f) Occupation: _____	f) Occupation; _____
g) Name and address of employer (s)	g) Name and address of employer (s)
h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____	h) If retired give name (s) and address of last employer (s); _____ Year of retirement: _____

3. GUARDIAN/SPONSOR/NEXT OF KIN

a) Name: _____ b) Mobile telephone : _____

c) ID/ No: _____ d) Occupation: _____

e) Name and address of employer: _____

PART C: INFORMATION ABOUT FINANCIAL STATUS

NOTE: Financial aid at Kenyatta University is limited due to the large number of students applying for assistance and is therefore only awarded to students who are in genuine financial difficulties.

1. (a) Gross family income in the last 12 months

ITEM	FATHER	MOTHER	GUARDIAN/ SPONSOR	TOTAL
Gross income from employment (salary or pension)				
Income from business e.g. shop, hotel, matatu.				
Income from farming e.g. crops, livestock, fishing.				
Income from other sources e.g. shares, dividends, interest				
Income from harambee and donations.				
Others e.g. CDF, HELB, NGO				
TOTAL				

(b) Applicant's Siblings in Educational Institution (Please attach documentary evidence)

CHILD'S NAME	INSTITUTION NAME	YEAR OF STUDY	EXPECTED EDUCATION EXPENDITURES
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL			

(c) Number and age of siblings not in school _____

PART D: ADDITIONAL INFORMATION

(a) Indicate any other Financial Aid you have received from KU

SN	SOURCE	YES/NO	HOW MANY TIMES APPLIED	HOW MANY TIMES RECEIVED
1	KU internal bursary			
2	Somesha Mwendako bursary			
3	OVS scholarship			

FORM 2

(b) Apart from the financial assistance you are applying for at Kenyatta University have you applied for any other scholarship(s) Yes: No:

If yes, please specify;

1. _____
2. _____
3. _____

CERTIFICATION

I hereby certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize Kenyatta University or its representatives to obtain such additional information concerning my educational programme and financial records needed to complete processing of this application. It is also my understanding that Kenyatta University, may, as it seems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

Applicant signature: _____ **Date:** _____

Note: The filling of an application form for Financial Aid from Kenyatta University, does not guarantee that the applicant will receive Aid.

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Date Received _____ Receiving officer _____ Signature _____